

Figure 1

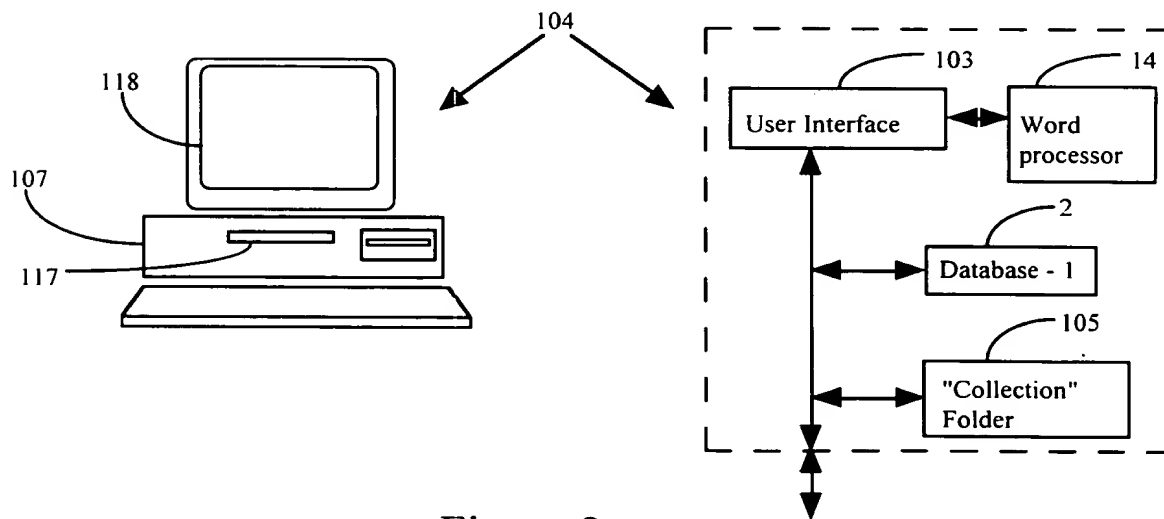


Figure 2

Database Table		
Database 1 Register	Address(es)	File Format Instruction Table 1
⋮		
Database N Register	Address(es)	File Format Instruction Table N

130

134

131

132

Figure 3A

File Format Instruction Table			
Data Type 1	Hypertext Cipher	URL Cipher	Special Instructions To Retrieve Data
⋮			
Data Type M	Hypertext Cipher	URL Cipher	Special Instructions To Retrieve Data

134

136

138

140

142

Figure 3B

Workstation Data Table		
Workstation 1	Address	File Access Commands
⋮		
Workstation N	Address	File Access Commands

150

154

152

Figure 4A

Workstation File Formatting Instruction Table		
Report 1 Name	File Name & Data Formatting Instructions	Workstation URL Cipher
⋮		
Report M Name	File Name & Data Formatting Instructions	Workstation URL Cipher

158

162

166

Figure 4B

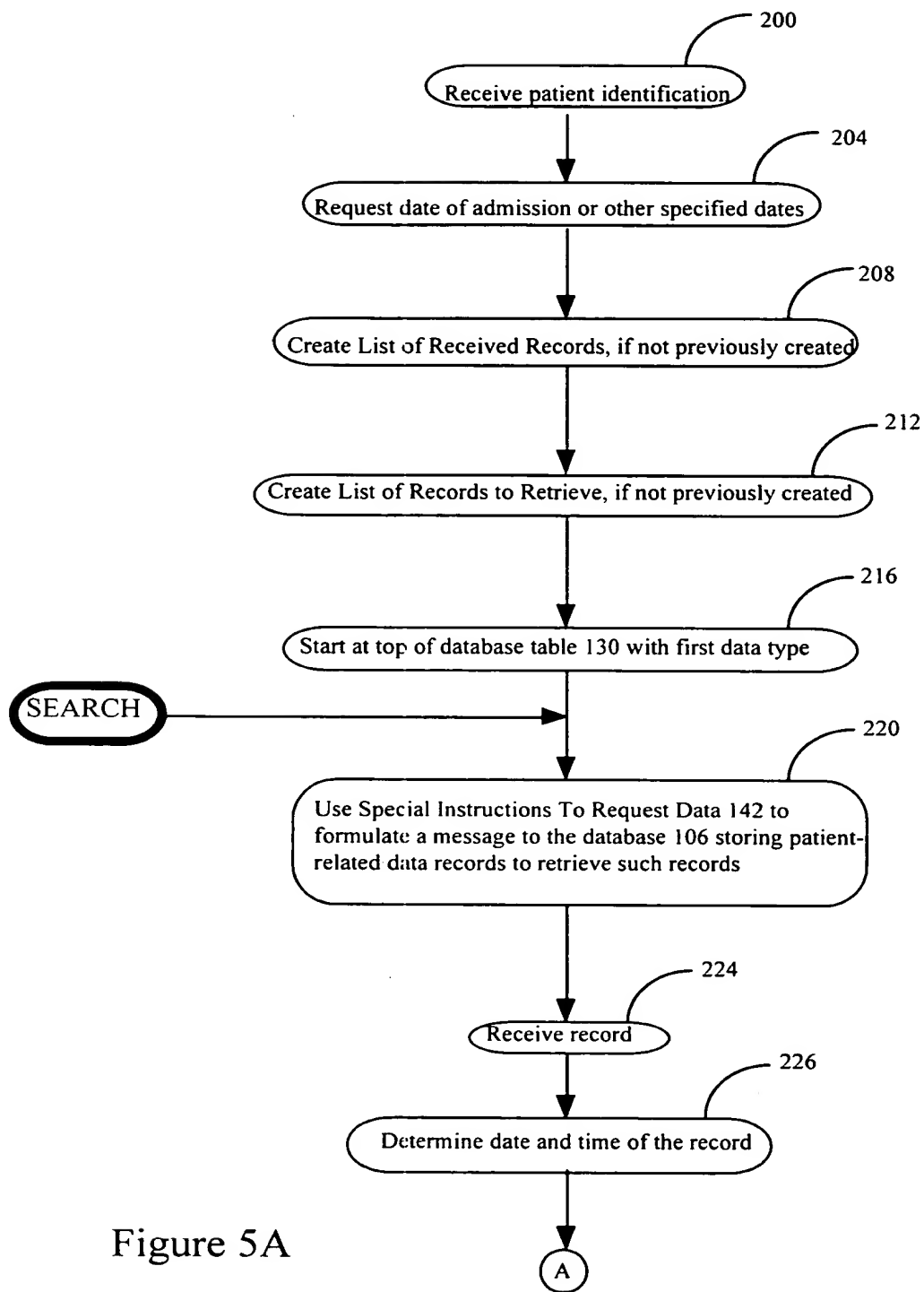


Figure 5A

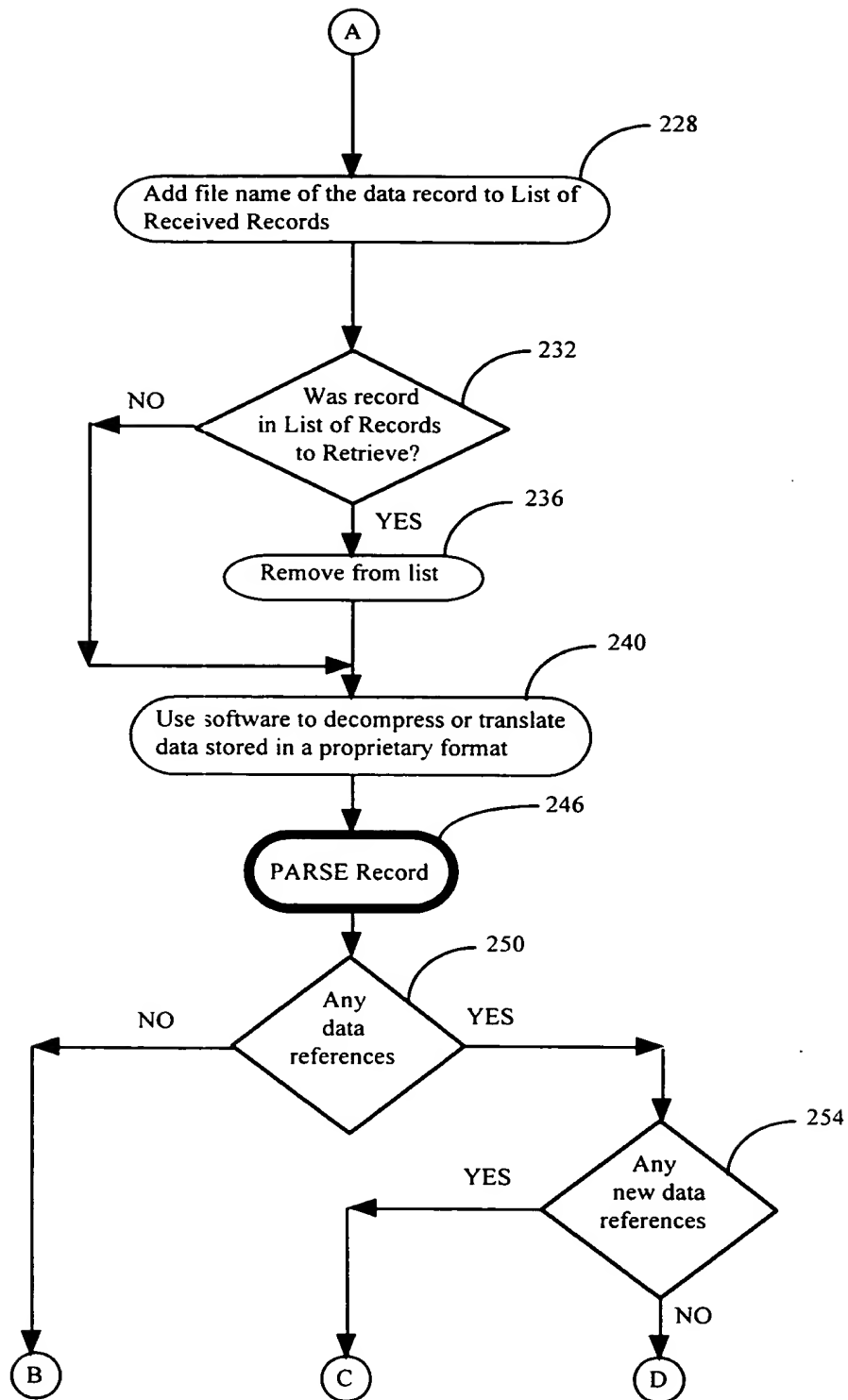


Figure 5B

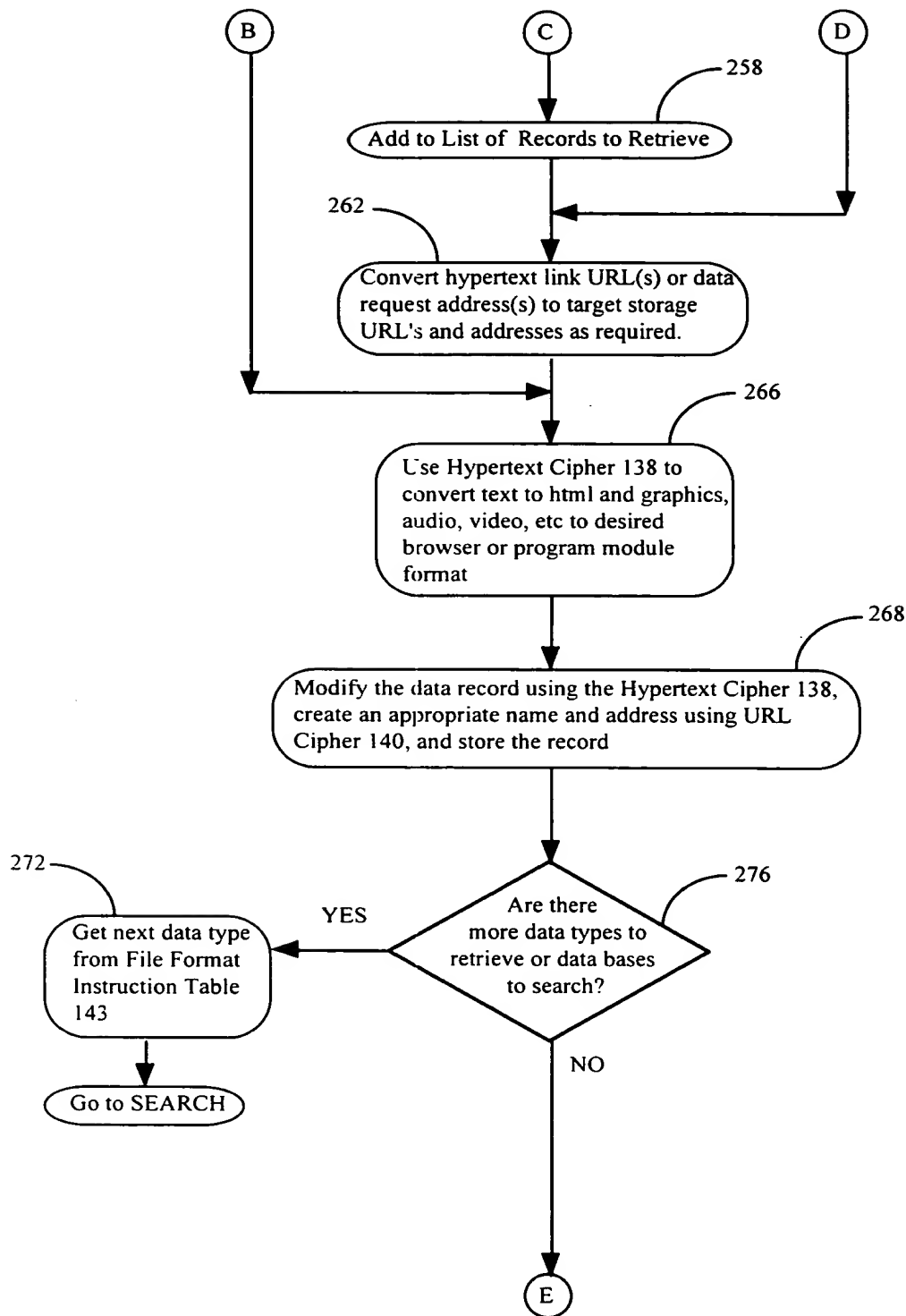


Figure 5C

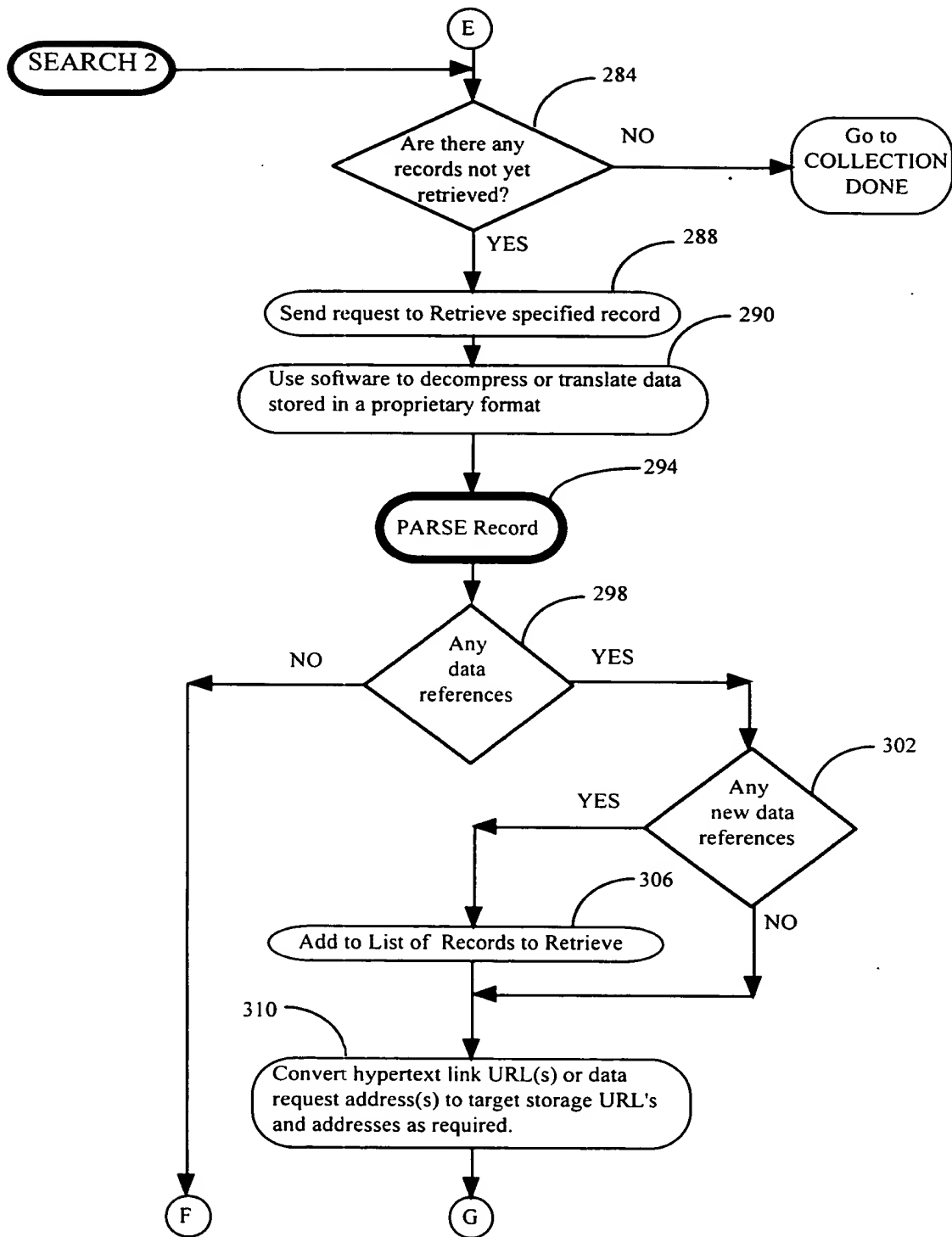


Figure 5D

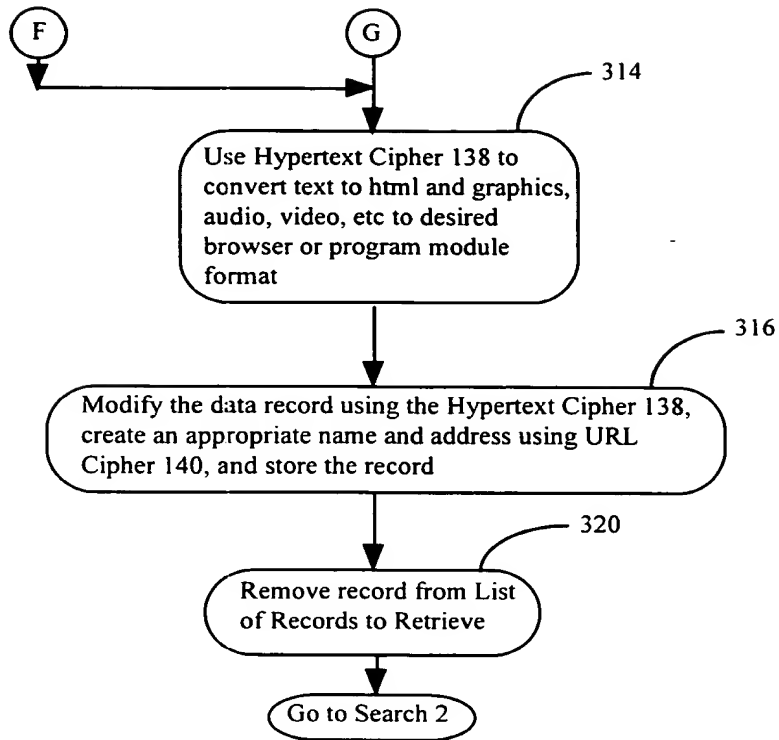


Figure 5E

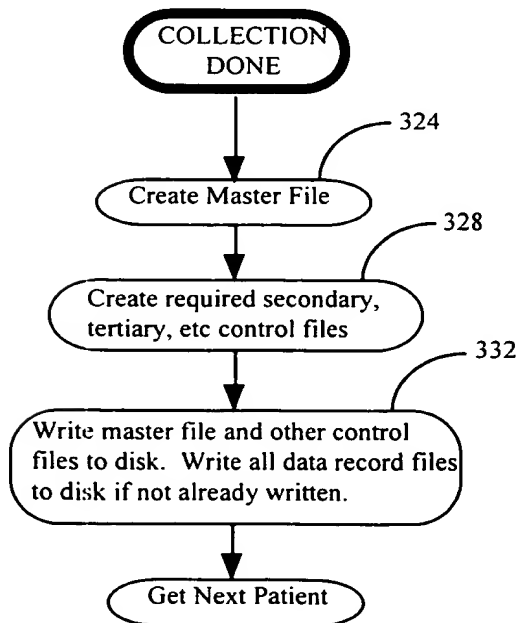


Figure 5F

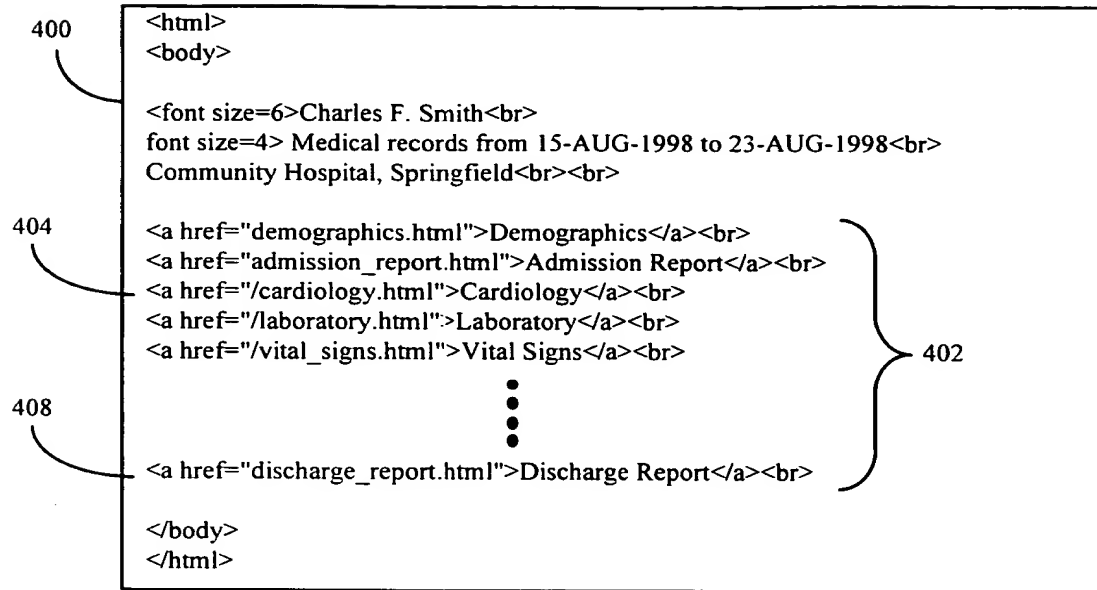


Figure 6A

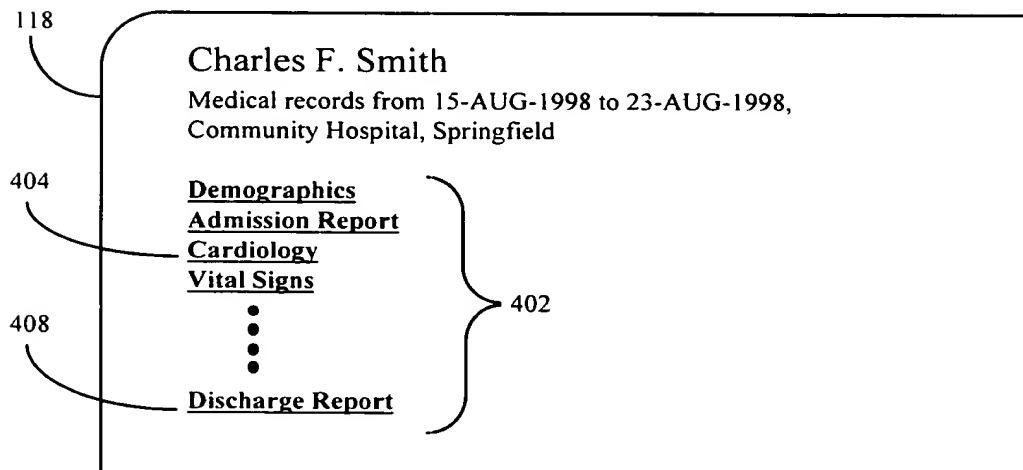


Figure 6B

412

<html>
<body>
DISCHARGE SUMMARY for Charles F. Smith

Date of Admission: 15-AUG-98

Date of Discharge: 17-AUG-98

HISTORY OF PRESENT ILLNESS:

Patient #1 is a 47-year-old male admitted for further evaluation of recent exertional
angina and abnormal exercise test.

416

HOSPITAL COURSE:

The patient was admitted to the Telemetry unit and underwent cardiac
catheterization on August 15, 1998. Catheterization demonstrated normal
ventricular function without evidence for prior infarction. The coronary arteriogram
showed moderate stenosis throughout the mid and distal portions of the left anterior
descending artery and diagonal branch, as well as ••••

Figure 7A

118

DISCHARGE SUMMARY for Charles F. Smith

Date of Admission: 15-AUG-98
Date of Discharge: 17-AUG-98

HISTORY OF PRESENT ILLNESS:
Patient #1 is a 47-year-old male admitted for further evaluation of recent
exertional angina and abnormal exercise test.

HOSPITAL COURSE:

The patient was admitted to the Telemetry unit and underwent catheterization
on August 15, 1998. Catheterization demonstrated normal ventricular function
without evidence for prior infarction. The coronary arteriogram showed
moderate stenosis throughout the mid and distal portions of the left anterior
descending artery and diagonal branch, as well as ••••

416

Figure 7B

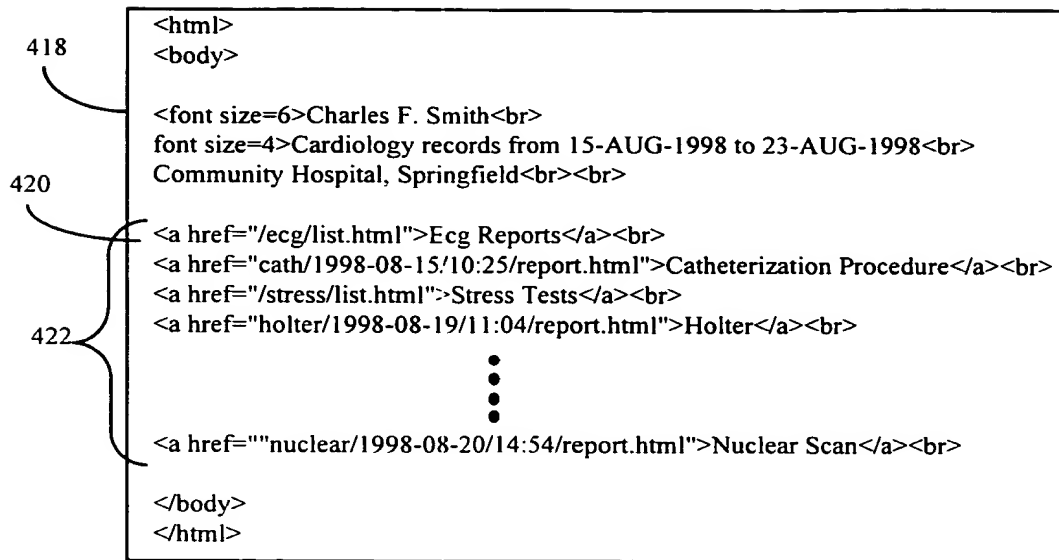


Figure 8A

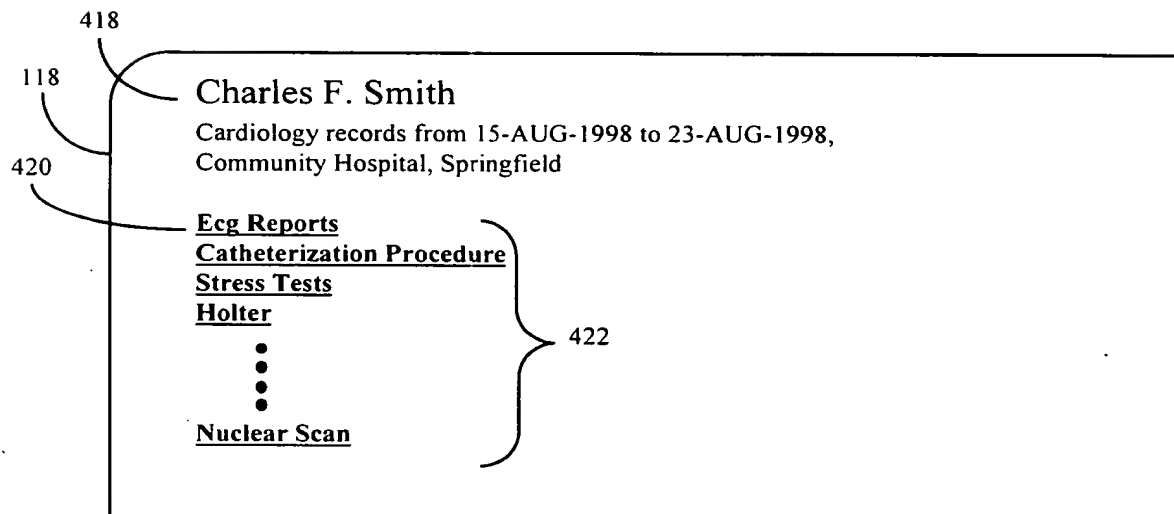


Figure 8B

424

```

<html>
<body>

<font size=6>Charles F. Smith<br>
font size=4>ECG records from 15-AUG-1998 to 23-AUG-1998<br>
Community Hospital, Springfield<br><br>

<a href="ecg/1998-08-15/09:15/report.html">15-AUG-1998
09:15</a><br>
<a href="ecg/1998-08-15/16:40/report.html">15-AUG-1998
14:40</a><br>
<a href="ecg/1998-08-17/11:03/report.html">17-AUG-1998
11:03</a><br>
<a href="ecg/1998-08-19/10:25/report.html">19-AUG-1998
09:15</a><br>

```

426

Figure 9A

118

Charles F. Smith
 Ecg records from 15-AUG-1998 to 23-AUG-1998,
 Community Hospital, Springfield

426

15-AUG-1998 09:15
15-AUG-1998 14:40
17-AUG-1998 11:03
19-AUG-1998 09:15
 ⋮
23-AUG-1998 08:14

Figure 9B

Data Request Catalogue			
Data Request Address Root 1	Data Type	Database	Hypertext Cipher
⋮			
Data Request Address Root L	Data Type	Database	Hypertext Cipher

500

504

136

106

138

Figure 10

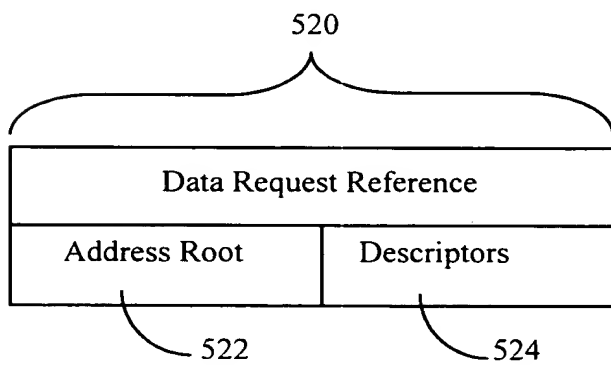


Figure 11

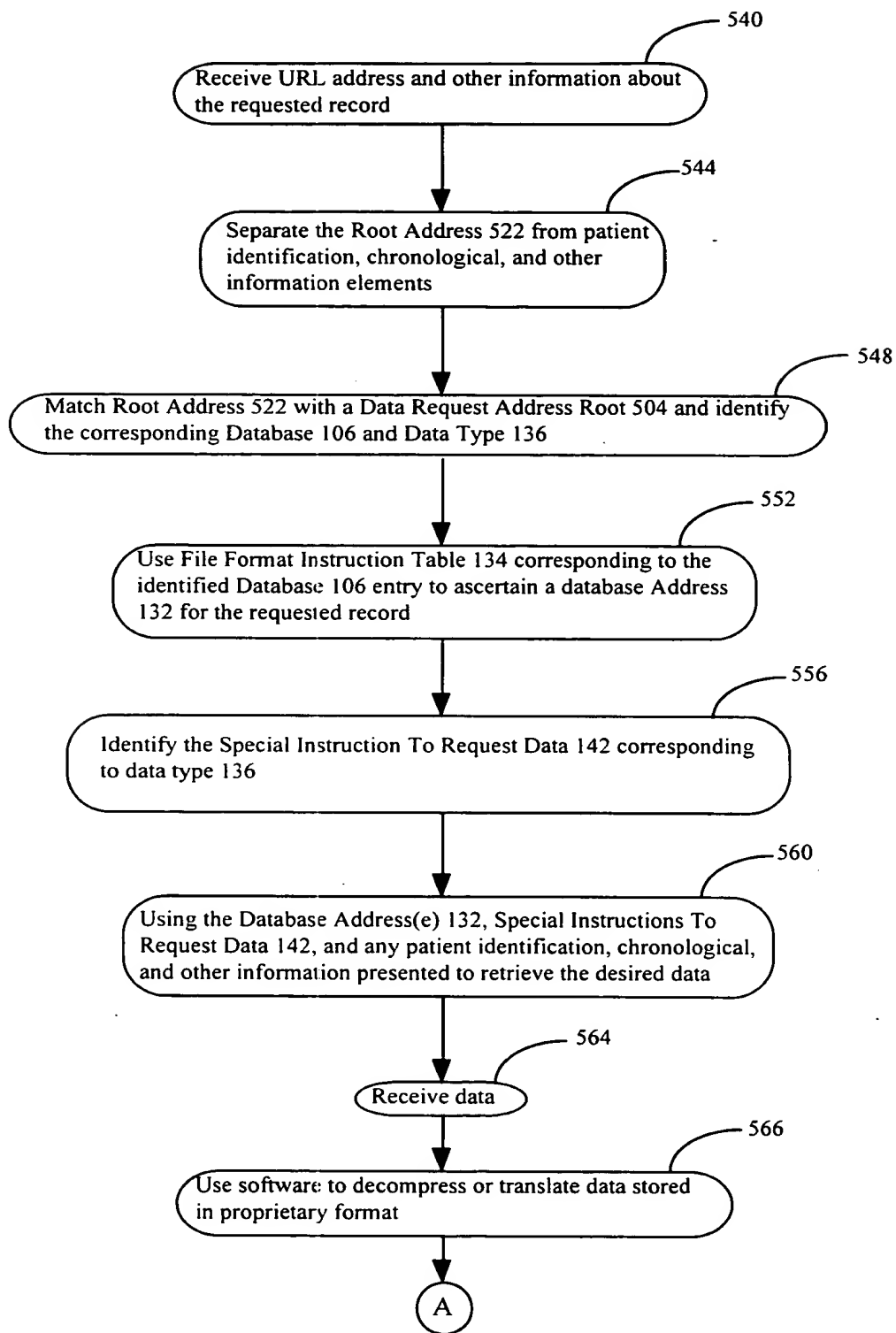


Figure 12A

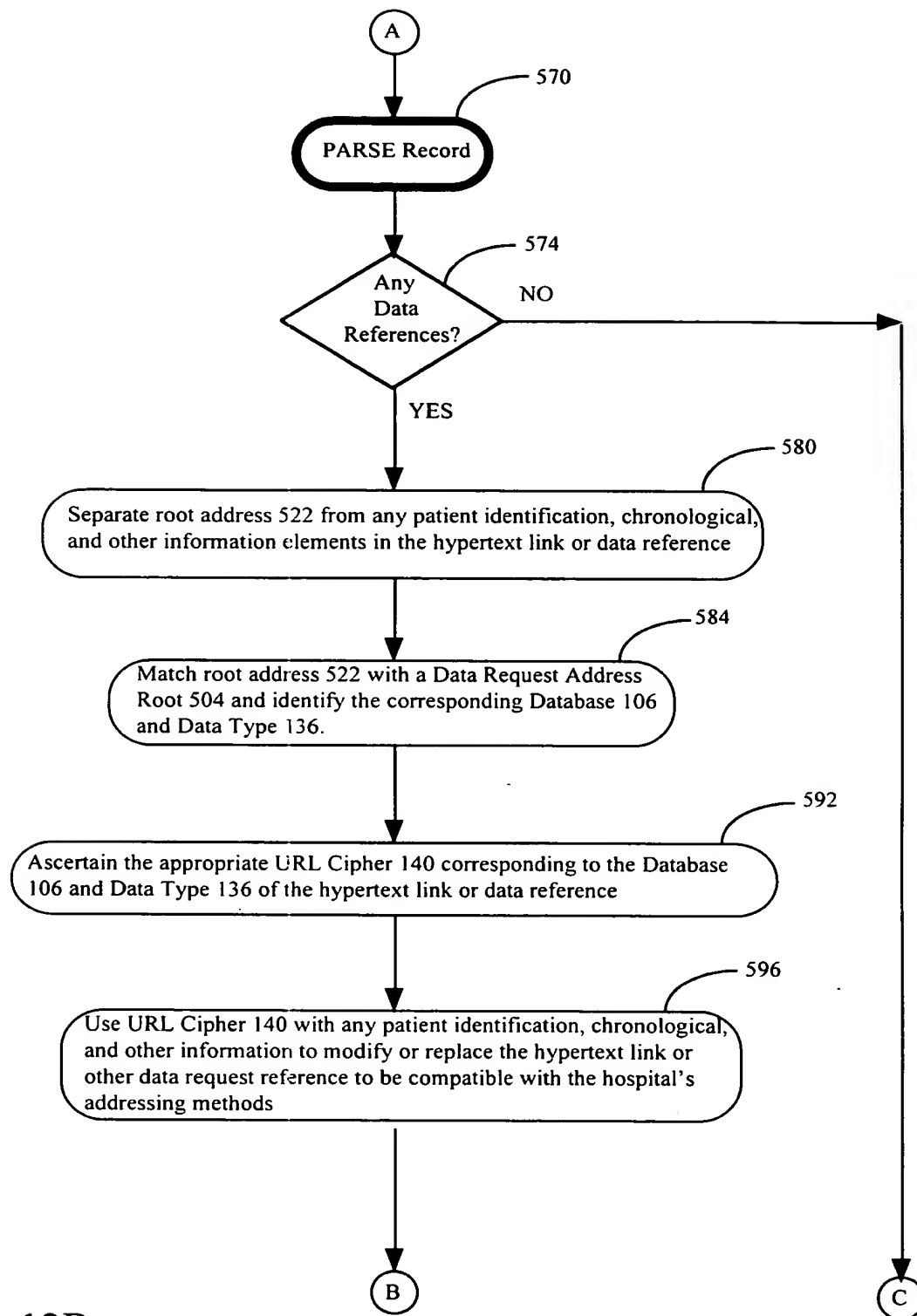


Figure 12B

```
graph TD; B((B)) --> 598[Use Hypertext Cipher 138 to convert text to html and convert graphics, audio, video, etc to desired browser or program module format.]; 598 --> 600[Use Hypertext Cipher 138 to add hypertext links and other data references]; 600 --> 604[Send the desired and translated record to the requesting processor or workstation]; C((C)) --> 598;
```

Flowchart 600 illustrates the process of converting text to HTML and adding hypertext links. The process starts with input B, which leads to step 598: "Use Hypertext Cipher 138 to convert text to html and convert graphics, audio, video, etc to desired browser or program module format." This step then leads to step 600: "Use Hypertext Cipher 138 to add hypertext links and other data references." Finally, step 600 leads to step 604: "Send the desired and translated record to the requesting processor or workstation." There is also a feedback loop from step 604 back to step 598, labeled 598.

Figure 12C

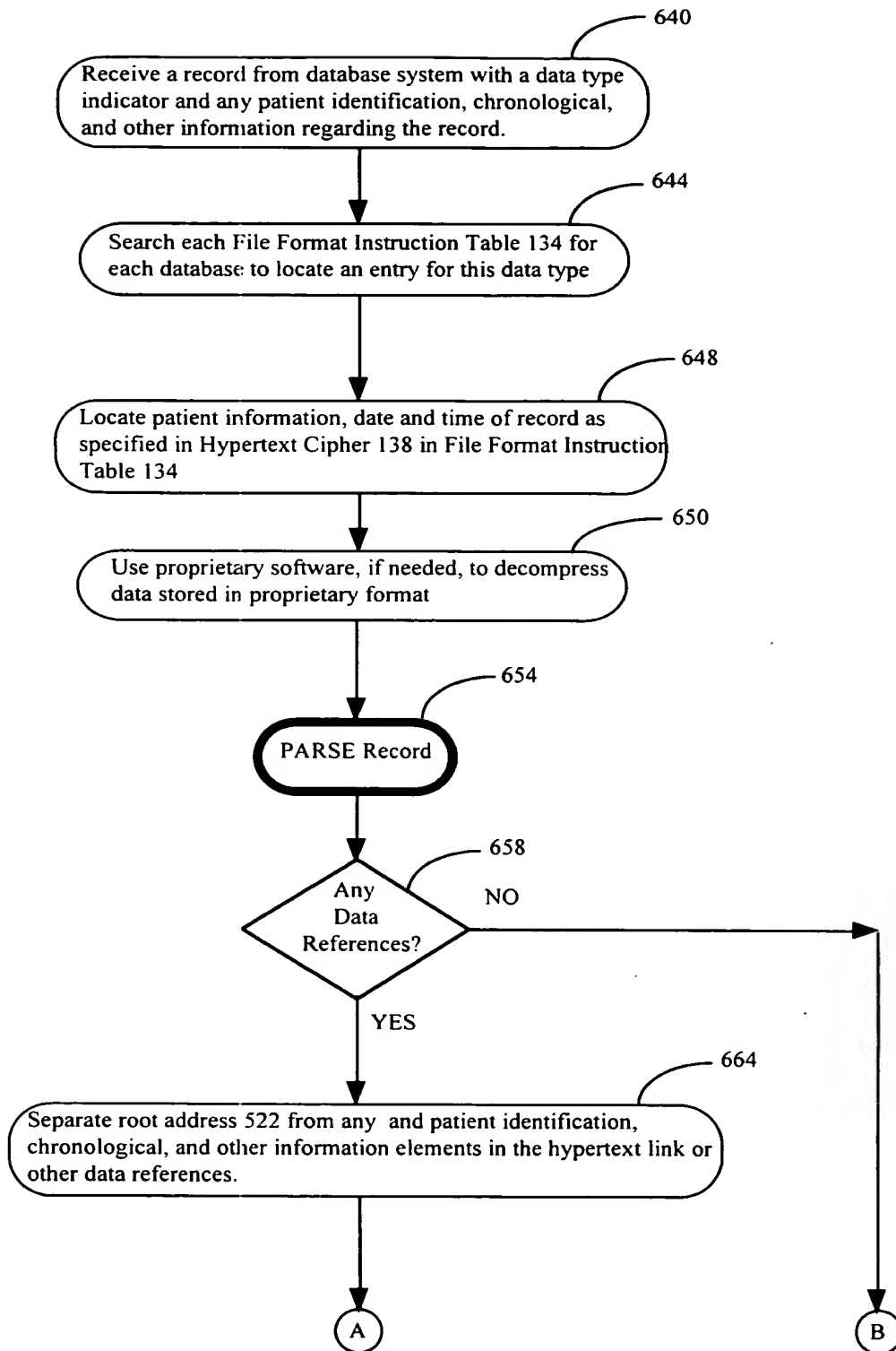


Figure 13A

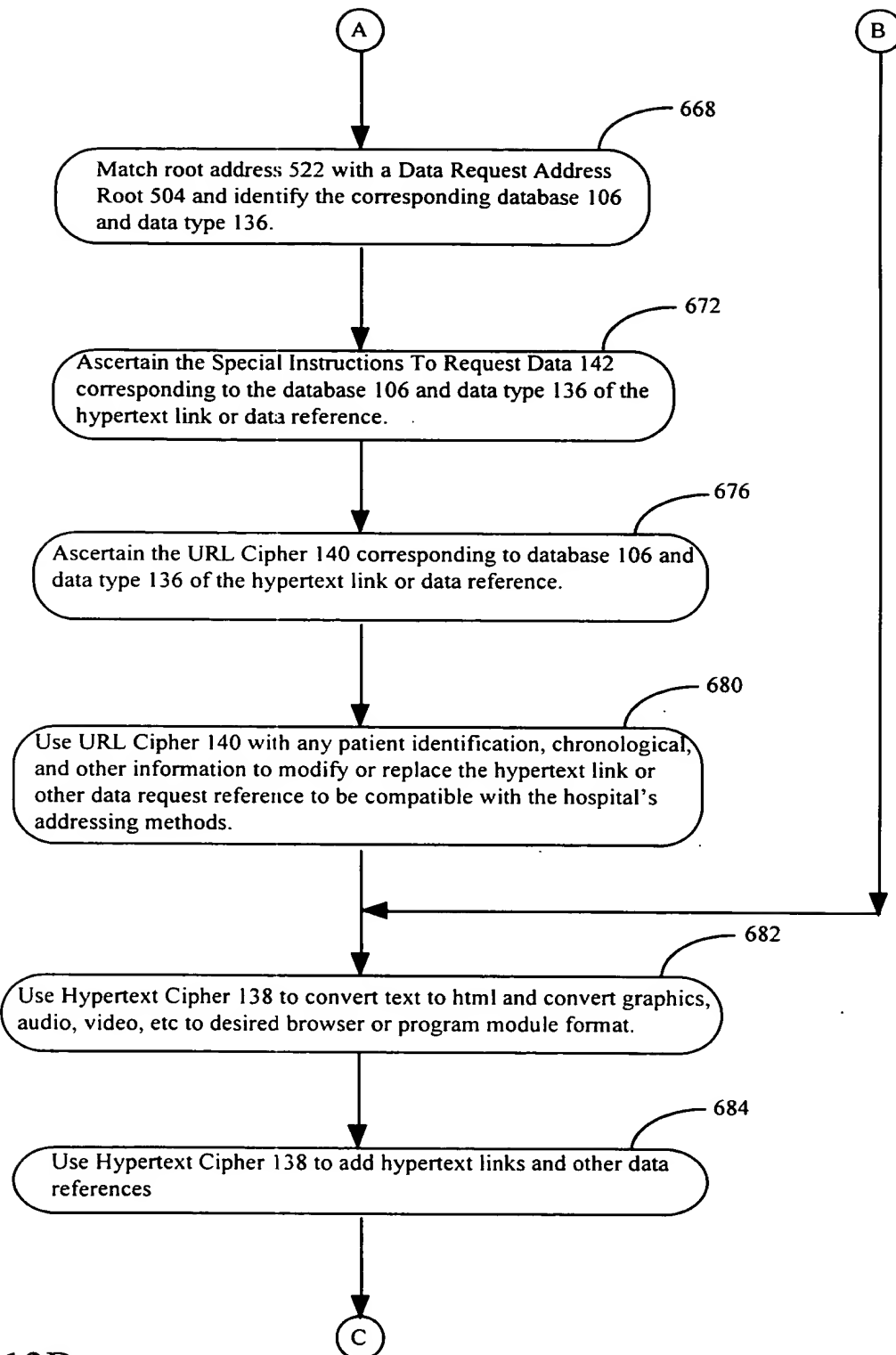


Figure 13B

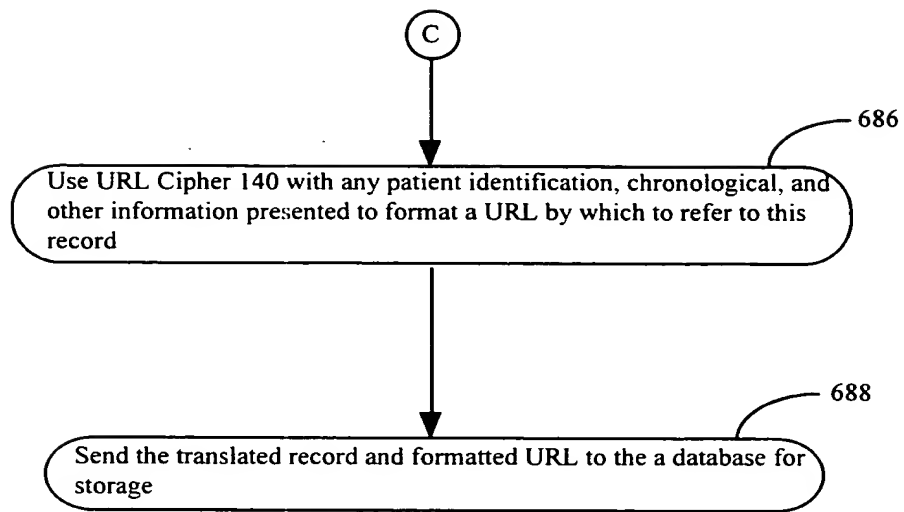


Figure 13C

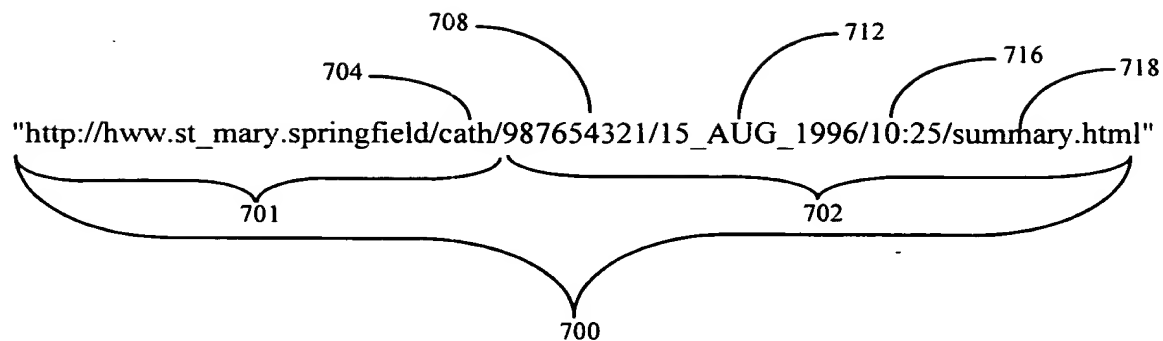


Figure 14A

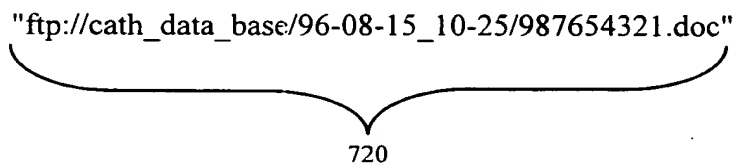
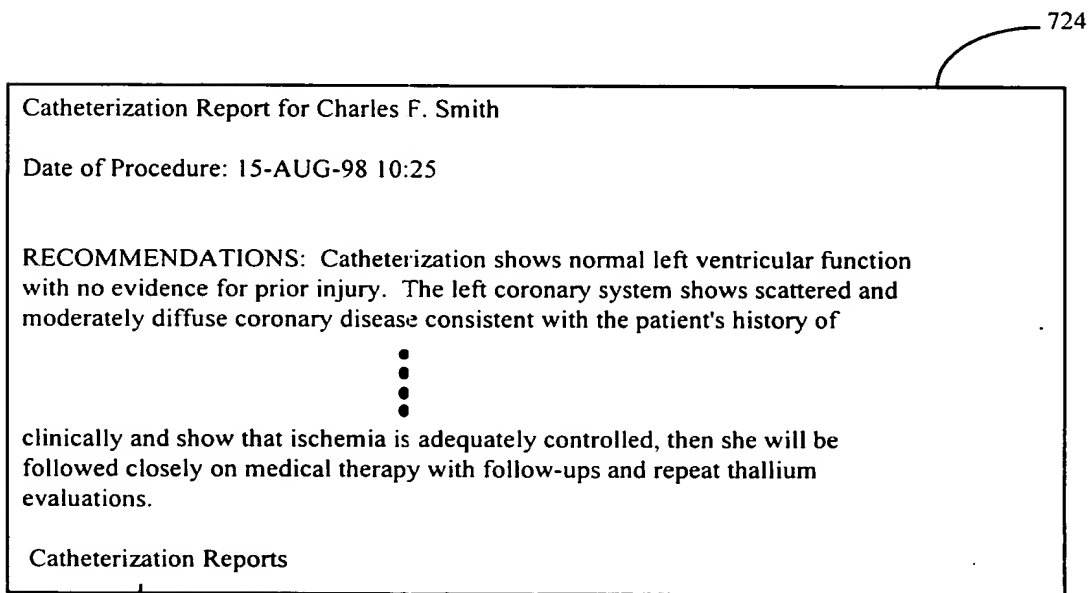


Figure 14B



728

Figure 14C

```

<html>
<body>
<br>

Catheterization Report for Charles F. Smith
<a href="http://hww.st_mary.springfield/demographics/complete/987654321/
15_AUG_1998/10:25/current".">Demographics</a><br><br>

Date of Procedure: 15-AUG-98 10:25<br><br>

RECOMMENDATIONS: Catheterization shows normal left ventricular function
with no evidence for prior injury. The left coronary system shows scattered and
moderately diffuse coronary disease consistent with the patient's history of

.
.
.

clinically and show that ischemia is adequately controlled, then she will be followed
closely on medical therapy with follow-ups and repeat thallium evaluations.

<a href="http://hww.st_mary.springfield/cath/987654321/15_AUG_1996/10:25/
radiology.html">Radiology Catheterization Report </a><br>
<a href="http://hww.st_mary.springfield/cath/987654321/15_AUG_1996/10:25/
hemodynamic.html">Hemodynamic Catheterization Report </a><br>

</body>
</html>

```

Figure 14D



Catheterization Report for Charles F. Smith Demographics

Date of Procedure: 15-AUG-98 10:25

RECOMMENDATIONS: Catheterization shows normal left ventricular function with no evidence for prior injury. The left coronary system shows scattered and moderately diffuse coronary disease consistent with the patient's history of

...

clinically and show that ischemia is adequately controlled, then she will be followed closely on medical therapy with follow-ups and repeat thallium evaluations.

Radiology Catheterization Report
Hemodynamic Catheterization Report

Figure 14E

660723" 6742260

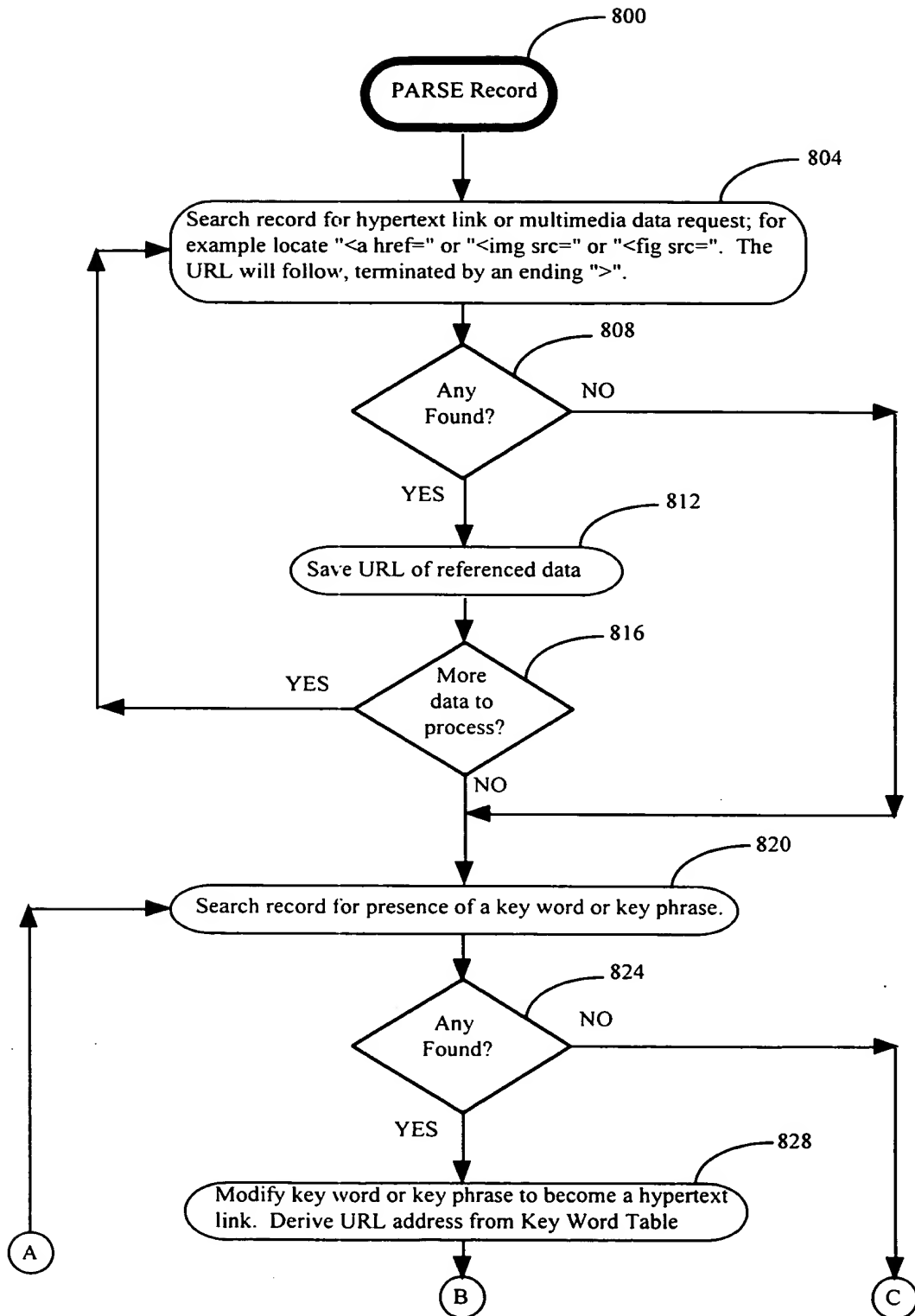


Figure 15A

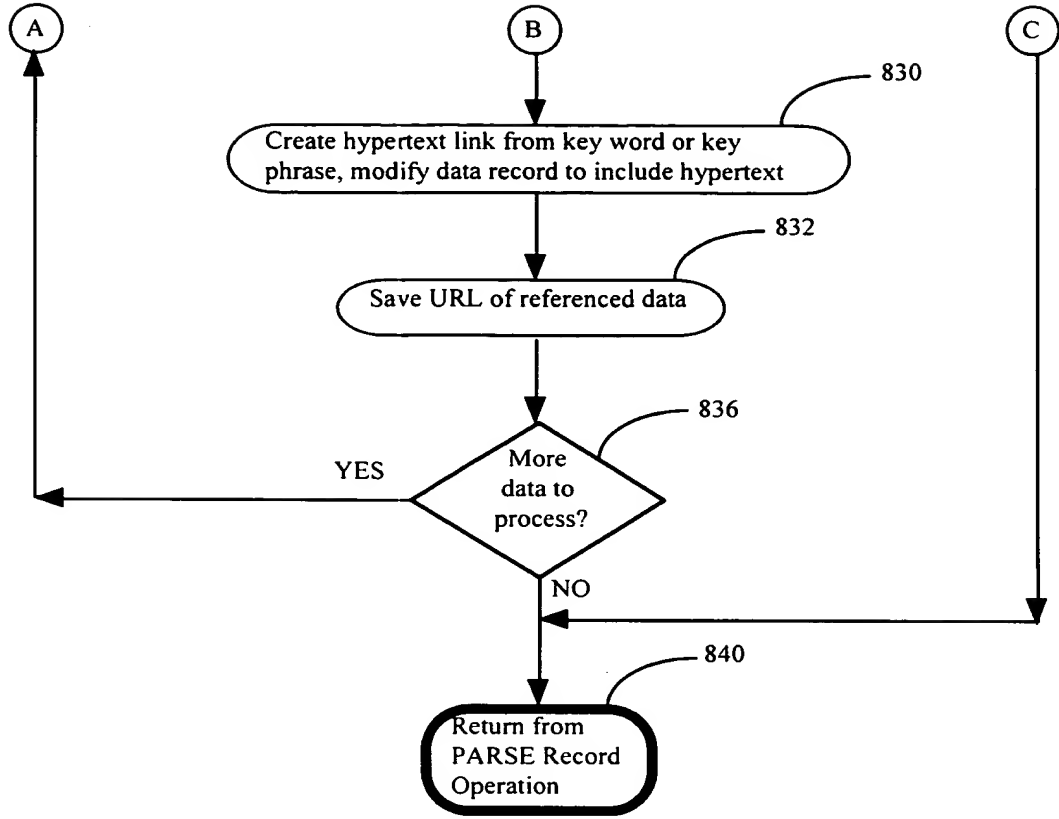


Figure 15B

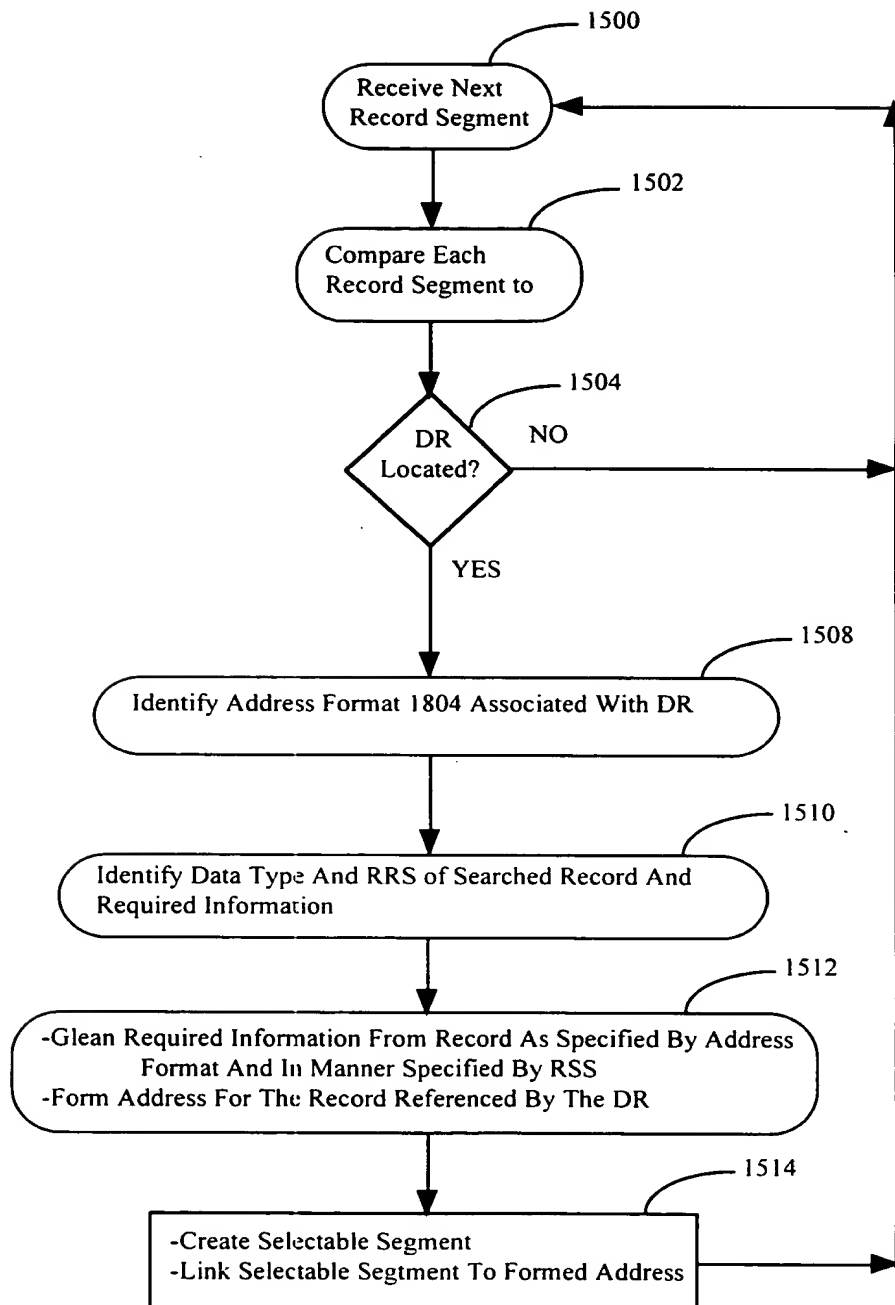


Figure 16

Text As It Appears in the Word Processor

1608 ID: 987654321 1602 1610
1608 Date: 14-May-1996 1604
1608 Report type: Admission report
1608 Written by: Dr. S. E. Markelson
1608 The admission ecg has clear evidence of left ventricular
1608 hypertrophy when compared to the previous ecg for this patient.
1607 The previous discharge cath results indicated no evidence of any
significant lesions. 1608
The admission CK enzyme results are above normal limits.
1608

Figure 17

Text after Being Converted to HTML with Hypertext Links Added

<html>
<body>
 1702
ID: 987654321

Date: 14-May-1996

Report type: Admission report 1702
Written by:
Dr. S. E. Markelson
 1700

1608 The
1608 admission ecg has clear evidence of left ventricular hypertrophy when compared to the

previous ecg for this patient.

The 1702

previous discharge cath results indicated no evidence of any significant occlusions.

The

admission CK enzyme results are above normal limits.

</body>
</html>

Figure 18

Text As Viewed via Word Processor 14 or Browser

ID: 987654321

Date: 14-May-1996

Report type: Admission report

Written by: Dr. S. E. Markelson

The admission ecg has clear evidence of left ventricular hypertrophy when compared to the current ecg for this patient.

The previous discharge cath results indicated no evidence of any significant lesions.

The admission CK enzyme results are above normal limits.

Figure 19

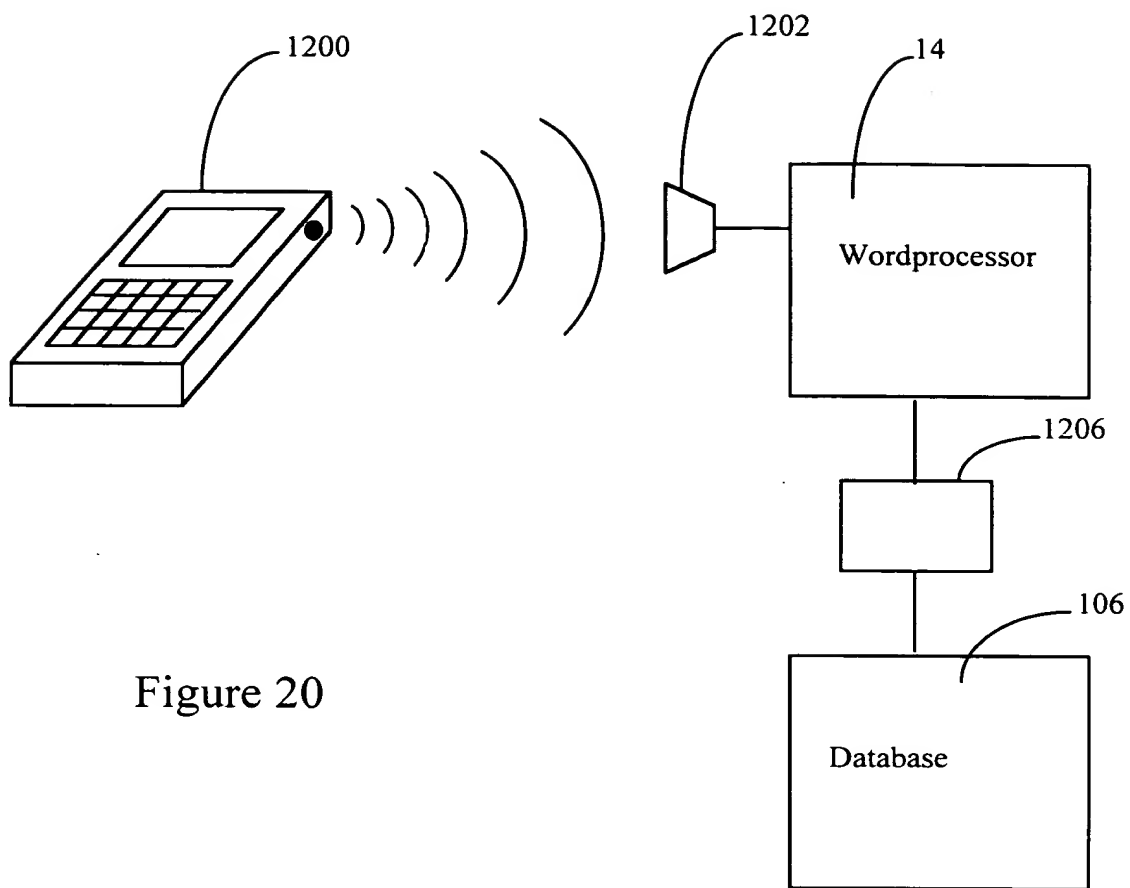


Figure 20

Data Reference (Searchable References)	Address Format (Specifies Required Information And Fields)
DR - 1	Format 1
DR - 2	Format 2
DR - 3	Format 3
⋮	⋮
DR - N	Format N

Figure 21

Instructions To Identify Data Type (DT) (Global Instructions)	Data Type (DT)	Record Rule Set (RRS)
	DT - 1	RRS - 1
	DT - 2	RRS - 2
	⋮	⋮
	DT - M	RRS - M

Figure 22

1902 Data Reference (Searchable References)	1900 Address Format	1906 Record Rule Set (RRS)
DR - 1	Format 1	RRS - 1
DR - 2	Format 2	RRS - 2
DR - 3	Format 3	RRS - 3
⋮	⋮	
DR - N	Format N	RRS - N

Figure 23